ECHO National Nursing Home COVID-19 Action Network:
Momentum for Quality Assurance Performance Improvement
Project Overview

- Funded by Federal Government as part of Cares Act
- Managed by AHRQ
- Prime is ECHO Institute, led by Dr. Sanjeev Aurora, University of New Mexico; IHI is a sub-contractor on the project
- We have had two small pilots with the New Mexico HUB testing the design and curriculum, Pilot #1 is complete, Pilot #2 is underway
IHI Team

Kedar Mate, Senior Lead and Advisor
Alice Bonner, Senior Advisor
Jennifer Lenoci-Edwards, Head of North America
Jessica Behrhorst, Senior Director
Rebecca Steinfeld, Improvement Advisor
Sabra Benedict, Executive Assistant
Joellen Huebner, Senior Project Manager
Marina Renton, Project Manager
Cristin Fitzgerald, Project Manager
Michael Jakubowski, Project Manager
Kara Herbert, Project Manager
Sophia Cunningham, Project Coordinator
ECHO Goals and Responsibilities

• Engagement of up to 125 ECHO Training Centers in the US

• Engagement of up to 15,600 nursing homes nationwide

• They are responsible for recruitment, facilitation, overall project management and evaluation of the project
Important Numbers

80
90
209
7,276
Important Numbers

80 – number of improvement coaches
90 – number of training centers (now almost 100)
209 - number of nursing home cohorts
7,276 - number of nursing homes
ECHO HUB Design

IHI supplies:
- Improvement Coach
- Project Management
- Higher Logic – IT platform
- Curriculum that is frequently updated

Each Hub supplies:
- Local SME (boots on ground)
- Local Training Center Director
- Project Management
- Recruits Nursing homes
**IHI COVID-19 Nursing Home Driver Diagram**

**Aim**

Reduce COVID-19 related mortality in nursing homes

**Primary Drivers**

- Prevent new infections in residents
- Provide effective care and support for residents and staff while attending to resident preference
- Establish and maintain effective leadership and management
- Ensure safe operations

**Secondary Drivers**

- Appropriate precautions to eliminate ongoing spread within facility
- Reduced opportunity for introduction of new infections from outside
- Proper and appropriate environmental cleaning
- Mid and moderate cases of COVID among residents effectively managed
- Person-centered culture is attentive, respectful, and responsive to resident & family preferences
- Effective and timely triage to palliative or hospital care for severe cases not recovering
- Reliable non-COVID medical care for residents
- Effective COVID care for infected & uninfected staff
- Resident goals established, accessible, and regularly updated
- Timely, appropriate identification of and escalation in response to change in residents’ status
- Depression screening
- Safe care transitions

**Team-based, rapid learning implementation strategy**

Transparent, frequent, compassionate communication to four constituencies (staff, residents, family/care partners, communities)

**Clear strategy, organizational structure**

Team-based, rapid learning implementation strategy

**Real time, reliable data systems for care, prevention, and operations**

**Quality Assurance Process Improvement**

Safe and just culture to foster transparency among staff: ask "why? and how?" not "who?"

**Cohort-based care services (manage and service by unit, floor or other groupings)**

General operational staff (food, laundry, security, etc.) engaged in COVID-prevention strategies

Physical living and working space designed to maximize safety and minimize harm for residents and staff
Scope and Curriculum

- Orientation for Hubs
  - Nursing Home 101
  - Curriculum Overview

- Weeks 1-9
  - Nursing Home Care Content
  - QI Content – introduce basic principles

- Weeks 10-16
  - Focus is on QI content, weaving infection prevention and management and team building principles throughout
Content Highlights: Emergency Preparedness and Holiday Planning

Prevention and Response to COVID-19 Outbreaks in Nursing Homes
(Adapted from CDC recommendations as of 11-11-2020) For Use with Project ECHO 16-week Curriculum

Please consult your state department of public health, local boards of health, COC and CMS websites for updated information. Recommendations change frequently during a pandemic.

**Core Practices**

Responding to an outbreak and minimizing spread

CDC defines a facility outbreak as a single new case of SARS-CoV-2 in any healthcare worker or any nursing home resident with SARS-CoV-2 infection in a resident https://www.cdc.gov/long TermCare/guidance/faq-sars-cov-2.html

This should trigger outbreak management procedures and procedures, including establishing decision-making authority among nursing home leadership.

1. Forms an internal COVID-19 Task Force including the DOH, Administrator, Medical Director, Infection Preventionist (IP) and others to oversee and respond to COVID-19-specific issues and take immediate action in response to an outbreak. Outbreak response should include a pre-existing written plan on how to address the following:
   a. Immediate reporting/notification to local department of public health.
   b. Communicating updates to residents and health care agents for COVID-related issues, including numbers of cases.
   c. Placing residents with confirmed COVID-19 in private rooms and on Transmissibility-Based Precautions, ideally on a designated COVID-19 care unit.
   d. If two residents with confirmed COVID-19 do not have other infections, they may be able to share a room and bathroom if needed.
   e. If adequate units are unavailable, then private rooms with the door closed may be an acceptable alternative.
   f. Using physical separation with different entry points for designated COVID-19 units, observation units, and other resident care areas, so that staff working with known or potential COVID-19 cases do not enter a non-COVID unit.
   g. Developing a cohorting strategy for placement of residents based on COVID-19 exposure categories.

Resources available on the IHI Nursing Home Community on Higher Logic:
http://community.ihi.org/ECHO
Learning System Activities

- Create a feedback and communication loop between IHI and HUB faculty
- Understand population segments/vulnerabilities of nursing home residents
- Daily process to refine tools and materials, add to resource library
- Be responsive to changes in COVID-19 processes and protocols (e.g. flu vaccinations, testing based on county positivity rates)
Process Overview

- We have about 100 Training Centers, each of which will run between 1 and 6 “cohorts” of 35 nursing homes.

- For each cohort, there will be 16 weekly 90-minute sessions – the first nine weeks will be predominantly delivery of COVID-19 content and QI foundations.

- A typical call agenda is: a short intro, 20-minute video of nursing home content, 15-20 minutes of discussion, 20 minutes of a case (a question or problem posed by a participant with discussion) and 10-15 minutes of improvement framing.
Improvement Coaches – What is the role?

- Each Coach will have one or more “cohorts”
- Be an important member of the Training Center team, along with local clinical faculty
- Plan collaboratively with your Training Center to deliver the curriculum
- Attend a weekly 90-minute tele-ECHO call for each cohort
- Participate in a learning community with all the Improvement Coaches including attending regular calls and providing written feedback
- Nursing Homes already submit regular COVID related data weekly to the CDC and other measures through the Minimum Data Set so we will not be mandating any separate data collection, although we will be teaching nursing homes how to use data for improvement.
Playbook – session structure and materials for ECHO and IHI teams
Nursing Home 101 – a basic overview
Who Oversees Quality and Safety in Nursing Homes?

- CMS – Centers for Medicare and Medicaid Services
  - Quality and Safety Oversight Group within the Center for Clinical Standards and Quality (CCSQ). Regulations are developed and overseen by the CMS Division of Nursing Homes

- Under Section 1864 of the Social Security Act, inspections/surveys are delegated to an agency in each state
  - Usually this is the State Survey Agency (SSA)
  - SSAs conduct annual and complaint surveys and assess compliance with regulations
  - There is a Special Focus Facility program for a small number of low performing nursing homes in each state
Nursing Home Life Day to Day

- Many nursing home residents are only there for a few weeks and then return home; others may stay longer, and some become long-term care residents.
- To most long-term nursing home residents, the center is their home.
- Residents care about the quality of food and activities, having highly skilled staff who care about them, a comfortable and familiar environment, to be treated with respect and humanity.
- Many residents do not want a ‘medical model’ – they want to be able to focus on the things that they always used to do (functional capacity) – What Matters.
- Residents want to have meaning and purpose in their lives.
Who Works in Nursing Homes?

- Mostly women (more than 9/10 nursing assistants are female)
- Many single parents
- Racial and ethnic minorities (more than 50% of nursing assistants are people of color)
- Low-income wage earners (many live at or near poverty, below a living wage)
- Non-English speaking or limited English
- Often work in multiple settings, have multiple jobs
- Variable levels of expertise and experience – variable learning capacity and health literacy

Participating counties (IHI Training Center) in BLUE

Average daily cases per 100,000 people (as of 12/1/2020)

Qualitative Findings

• Increasing willingness to share experiences, both challenging and uplifting
  • Best practices for activities to engage residents safely, such as hallway-based activities that don’t require direct contact and can take place with residents in PPE
  • Ideas for encouraging correct PPE practices/catching errors without creating a punitive culture
  • Methods for disinfecting frequently-used items (e.g., ensuring bathroom key fobs are disinfected; replacing key fob doors with keypads that are disinfected with other surfaces)
Early conversations about vaccines and nursing homes receiving the first doses have revealed concerns from nursing home staff members. For example:

- How will side effects be managed?
- How will doses be staggered to account for the need for time off?
- How many older adults were involved in the vaccine clinical trials?
- Are residents and staff being used as “guinea pigs” by receiving the vaccine first?
- How should resident/staff refusals to vaccinate be handled?
CDC Website Links on COVID-19 Vaccines

- CDC Pharmacy Partnership Program:

- COVID-19 vaccine resources for health care personnel:
  - https://www.cdc.gov/vaccines/covid-19/hcp/index.html
  - https://www.cdc.gov/vaccines/covid-19/hcp/answering-questions.html

- Vaccine information for the general public:

- State by state immunization plans and operational guidance:
How to Motivate Nursing Homes to Want to Engage

- Focus on the mission and vision – the residents, the team, the organization, the community
- First, seek to understand each staff member in their role or job type
- Ask questions, identify challenges and barriers
  - What has worked in the past (best practices) and why?
  - What has not succeeded in the past and why not?
- Discuss tactics and current issues (i.e., COVID pandemic). LTC facilities make up 8% of all COVID cases but 45+% of all COVID deaths (KFF)
- Build rapport and trust; we do not say that we are coming to solve problems but rather to build on strengths and what nursing home teams have already accomplished
What’s Possible for Sustainable Nursing Home Impact and Quality Improvement for the Future

Short Term Impact

• More effective, immediate response to limiting the spread of COVID-19
• Tactical changes in leadership, communication and person-centered care

Long Term Impact

• Increased skills in leadership, QI/QAPI, person-centered care, equity, and the 4M Framework (Age-Friendly Health Systems)
• Implementation of QAPI tools and principles to support improvements
• Increase appreciation/value of certified nursing assistants (CNAs) and support staff that leads to a living wage, better benefits and steady hours
Thank you!

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